

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28891

1. PLACE OF DEATH

County Montgomery

Registration District No. 594

Township Laurie

Primary Registration District No. 435

City (No.)

5788 B

File No.
Registered No. 12 St. Ward

2. FULL NAME Marquis DeLafayette Benson,

(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13th 1846

7. AGE YEARS 85 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co.

13. NAME Jefferson B. Benson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, MD.

15. MAIDEN NAME Sarah Hays,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co.

17. INFORMANT (ADDRESS) Mrs Chas. Brown
12 Lufflow Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Contry DATE Aug 29th 1931

19. UNDERTAKER Barton Baker, (ADDRESS) Americus, Mo.

20. FILED 8-28, 1931 D. R. Rauschelbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Aug 26, 1931

I last saw him alive on July 20, 1931. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

mitral regurgitation of heart and stomach trouble
Probably malignant

Date of onset Don't know

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) D. R. Rauschelbach, M. D.
(Address) Rhine Land no

Registrar.

SEP 24 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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